

ASSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	V W N		08-24-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	852 830	04-12-01 02-08-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

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Best Available Copy

If more than 150 claims or 10 actions
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